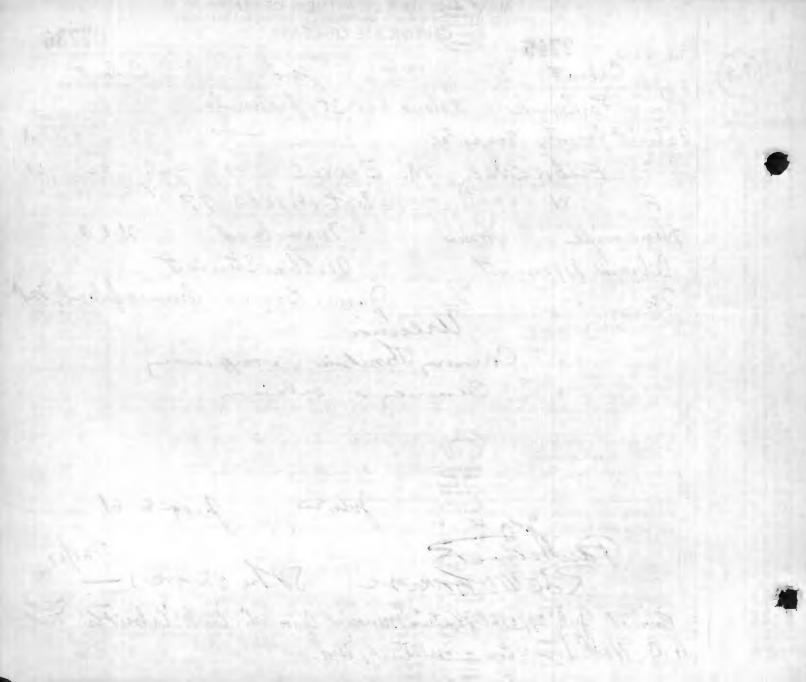
urs after death.



TO HOSE It OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours after death. Page 4 may be remained by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours ofter death.

VR A1S (4) 15M 9/S9

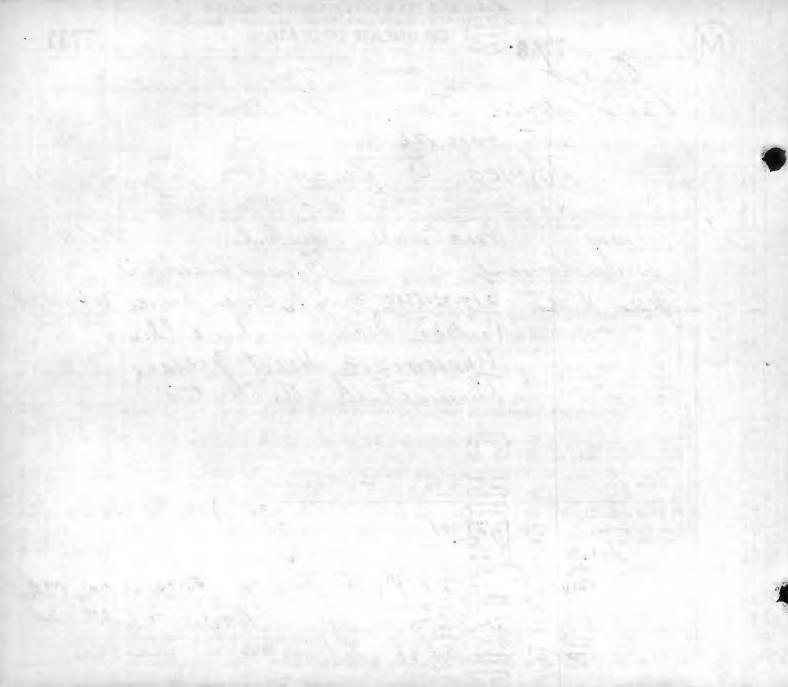
MARYLAND STATE DEPARTMENT OF DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIM

BALTIMORE 1, MARYLAND

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CEI	RTIFI	CA	TE	OF	DE	ATH	1

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	1. PLACE OF DEATH O. COUNTY CONTY CONTY	MARYLAND 2. USUAL RESIDENCE (Where of	deceased lived. If institution: Residence before admission) b. COUNTY
	b. CITY OR JOWN (If outside corporate limits, write c. LENGTH RURAL and give nearest tour)	OF STAY IN 16 C. CITY OR TOWN (If outside Mar.	e corporate limits, write RURAL and give nearest lown)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OF INSTITUTION AUTOM AUTOM	tal d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Barnes	13 11	DATE Month Day Year DEATH July 30 196/
	M	DIVORCED B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) As mund	SINESS OR INDUSTRY II. BIRTHPLACE (STORE OF FO	(12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME (Bowen)	14. MOTHER'S MAIDEN NAME	Buckley
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU (Yes, 50 or unknown) (If yes, give wor or dolor of service) 2/7-36	-5380 Lerry H. Bo	wen Trenco Trederick Mr.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e Decoupeus a	hax & Edema Interval Between onset and Death
	Canditions, if any, which gove rise to immediate (b)	enetic Kent	peseare
	cause (a), stating the under. DUE TO Chilese	motord art	tutio
	ICATIO		DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
5		NJURY OCCURRED. (Enter nature of injury in Part	or Part II of item 18.)
	5 20c. TIME OF INJURY Manth, Doy, Year Hour o. m. While Nat whi at wark ☐ et work	ile foctory, street, office bldg., atc.)	Of. (City or town) (County) (Stote)
	21. I certify that (1) (this haspital) oftended the desow the decreased live on MC 129 196		from the causes and an the date stated above.
	220, SIGNATURE	M.D. PHYS. DIRECT	STAFF 7/3//AC SIGNED
	22c. PHYSICIAN'S NAME (Type) PAGE C. JET	T M.D 22d. ADDRESS TRINC.	E FREDERICK Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF WAR 1, 1961 aspect	OF CEMETERY OR CREMATORY 23d	Darston (City, town, or county) (Stote) Darston Laboration (Stote)
	24 FUNERAL DIRECTOR'S SIGNATURE SON, MUI	SS 250. REC'D BY DATE AUG	2 '61 25b. RÉGISTRAR'S SIGNATURE 2 '61 Civiling S. Kraus

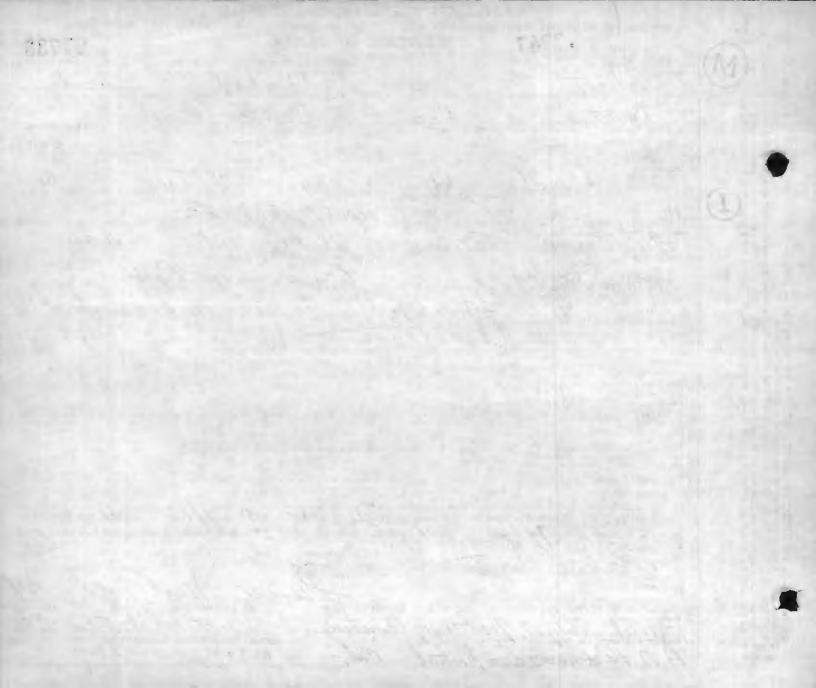


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH bluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If Institution, Residence before admission) fun a. COUNTY b. COUNTY MARYLAND ihe 12 Pul b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) à write PURAL and give nearest lown) after ,E *** filled i . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give/street address) ON A FARM? YES X NO papers. 3. NAME OF First Middle Lest 4. DATE Day DECEASED OF comple (Typa or print) DEATH 196/ and con RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 6. COLOR OR lest birthdey) / Months Days Hours WIDOWED DIVORCED еуел 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 11. dona during most of working life, even if ratirad) 13. FATHER'S NAME please 15. WAS DICEASED EVER IN U.S. ARMED FORCES? (Yas, no, of unkown) | (Ifyas give war or datas of sarvica) 18. CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave risa to immediate causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH After 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a, SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. FUNERAL 22c. PHYSICIAN'S NAME (Type) ector, 238, BURIAL, CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City, town p (Stata) REMOVAL ISpecify OL ö 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 [4] Clothur S. Kraus DATE JUL 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

within 24 hours after

aftending



8 E	T	7748 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No.07739
should	(M	y. PLACE OF DEATH o. COUNTY Calcut MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Colcut MARYLAND
Page burial,	~	b. CITY OR TOWN (If portific corporate limits, write EURAL ord give nearest town)
es. prior ta	\wedge	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street Address) d. STREET ADDRESS 4. STREET ADDRESS VEST VEST NO 12
your sgistror	T	3. NAME OF OCCEASED (Type or print) Beriamin Hiddle House 4. DATE Month Day Year (Type or print) Beriamin House 24 1961
o the fur h the re	4	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED FORESCENE 1 1910 19
ond 3 to		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY WASHT PLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY: On A Country of Working Illing wen if retired)
5 may b ges 1 at		13. FATHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
Page Pile po	· #	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address 16 years with normal (If yes, give wor or doles of service) 225-16-0835 Neches 740 see 713e 1 WO
P.M.3.	25	18. CAUSE OF DEATH [Enter only one cause pler line for (a), (b), and (c).]
m 18	400	PART 1. DEATH WAS CAUSED BY: MANDIATE CAUSE (a) Coronary West allowed
ith fronsi		Seed District House to DUE TO
ng ¥ ial-t-		Conditions, if any, which [b] gove rise to immediate cause [[b] Conditions to immediate cause [conditions to immediate cause
olo per		(a), stating the underlying course tost.
g": ji		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ndin r's O used	0	YES NO EXTERNAL CAUSE WAS 20b. DESCRIBE MOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ilem 18.)
d be		200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
the word ical Exo 3 shaul		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (City or lown) (County) (State) While of work at wor
Med		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that
Chief CTOR:	1	death resulted from: Matural couses 12, Accident . Suicide . Homicide . Undetermined cause .
Sote.	d	ACTUAL THE DO A A A A CHIEF MEDICAL EVALUATED TO DATE SIGNED
L DI		SIGNATURE M.D. CHIEF MEDICAL EXAMINER 24 July 61
rdec rerdec mova		EXAMINER'S NAME (Type) US DEPUTY MEDICAL EXAMINER P
orward FUNER		220. BURIAL CREMATION, P.D. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, toyen, or county) (Signal)
0.20		Thereal Huly 26, 1961 & Johnes (emelling dorlon la.
5. A15ME(5)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC D 87. REGISTRAR 240. REGISTRA
SM 9/55		LACCOURT LOUGH I A LOUGH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

7749

07740

1. PLACE OF DEATH a. COUNTY Calvert		MARY		o. STATE Maryl		l lived. If instituti b. COUNTX	an: Residence bakvert	pefore admi	ission)
b. CITY OR TOWN (If outs RURAL and give nearest Prince Freder	town)	write c. LENGTH OF STAY	IN 1b	Randal			URAL and give	nearest tov	wn)
d. NAME OF HOSPITAL (IF	nat in haspital, give	street oddress)		d. STREET ADDRESS				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Mildre	d Irene	Johns	Lost XXXXX	4. DATE OF DEATH	Mon Tio	- 0	Day	Year 19 67
		MARRIED NEVER MARRIE	" had	5/13/1901		9. AGE (In years last birthday) 60 yrs.	Months Da		
10a. USUAL OCCUPATION (G during most of working li Housewife	ive kind of work dor ife, even if retired)	Own Home		Mi chi gar	n	ountry)	12. CITIZEN	S. A.	COUNTRY
13. FATHER'S NAME	h	ilson Welch		Jennie Mae					
1S. WAS DECEASED EVER IN [Yes, no, or unknown] (If yes, NO	U. S. ARMED FORCE: give war or dates of servi-		~	es Johns	Ran	dall Cli	ffs, Md	•	
PART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (o) DUE TO which (b)	e per line for (a), (b), and (c).]		(stroke)				INTERVAL I	D DEATH
CATIC	IGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIV	VEN IN PART 1(PERF	S AUTOPSY FORMED?
OR CONTRIBUTING CO	AUSE OF DEATH	b. DESCRIBE HOW INJURY OF	CCURRED. (E	nter nature of injury in	Part I or Par	t It of item TB.)			
ZOC. TIME OF INJURY M Hour o. m. p. m.	lanth, Day, Year	20d. INJURY OCCURRED While Nat while at work at work		OF INJURY (Home, fore, street, office bldg., etc.	n, 20f. (City	or town)	(Cou	nty)	(Stole
sow the deceased	1 12	attended the deceased		h occurred at	5-9.10	7/22 the couses or		ote stote	
22a. SIGNATURE	lear	real	M.D.		RECTOR	STAFF PHYS.		7/23	226. DATE
22c. PHYSICIAN'S NAME (Type)	. Weems	M.D.		22d. ADDRESS C/		vert Co	U	-	ital
230. BURIAL, CREMATION, 2 REMOVAL (Specify) Burial	7/26/61	23c. NAME OF CEME Arlingt		til Cem.	Ft.	Myer	or county)	Va.	tote)
24. FUNERAL DIRECTOR'S SIG		Address Home-Upper	Marl		D BY REGIST		STRAR'S SIGNI		

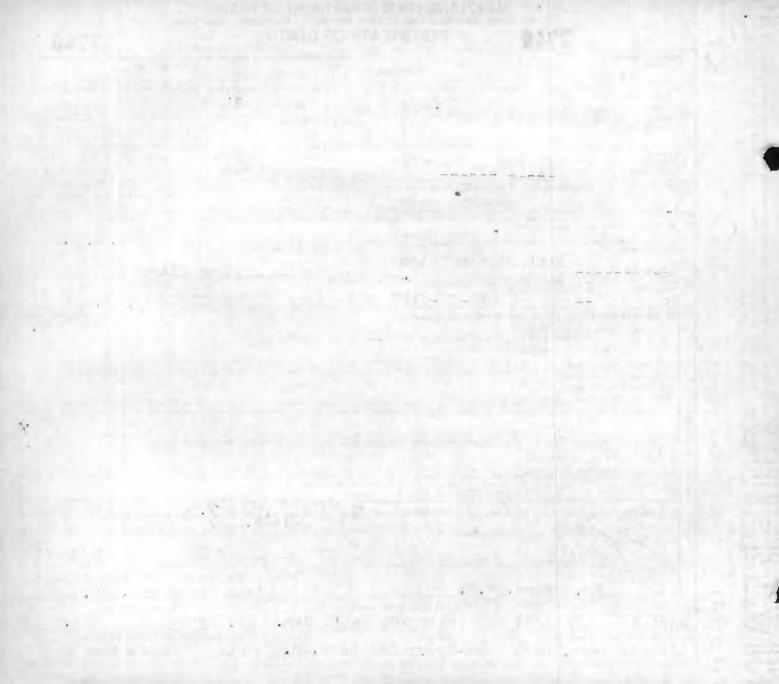
TO HOSE IN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 may be remained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbert pages. Pages the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs of ber death.

urs after death. Page 4

and 2 should be filed with

VR A15 (4) 15M 9/59



1 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
10 - TH		ウットのMEDICAL EXAMINER'S CERTIFICATE OF DEATH 07765
1 io 1		7750 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
shoul shoul		O. COUNTY MARYLAND 2. USUAL RESIDENCE Propers Societies Hived. If institution kinidence before odmission) O. STATE MARYLAND O. STATE D. COUNTY A. Line State of the county (A. Line Sta
1 1 m m	1)	b. GITY OR TOWN (If outside corporate lumps, write RURAL and give nearest town)
Crésso Po Po Po Po Po Po Po Po Po Po Po Po Po		Many Ceek ? pland Cill
s ne ctor		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give sfreet address) 6. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
es.		EDWARD CILICHIEN BERGER YES NOT
ny del yo egistro		3. NAME OF DECEASED (Type or print) State Widdler Character OF DEATH About 1901 Third Day Year The Death The Day Year The Death The Day Year The Day
मू कू रहे के		5. SEX 6. COLOR OR BACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE 19.
100円 単		1/ WIDOWED DIVORCED 10/29/95 657 yrs. Months Days Hours Min.
2 d deg		100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)
frer page and grad an		Madried Hay gard Unknown 4.5.9.
1, 2 may 1, 2	- 1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
har har	1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ENFORMAND Address
hin 24 l ive Page Page File po	-1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCYAL SECURITY NO. 17. INFORMANT Address (19 yes, give wor or doller of service) Unknown Thorn Suproth - 1112 N. Leo. St. Tyck 12
18 S.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (g)]
uted rm per		PART I. DEATH WAS CAUSED BY: LINGUIST TURNED
The formal state of the state o		182,4 DUETO
be of the state of		Conditions, if any, which gove rise to immediate cause
oenc Jang Jurio		(o), stoting the underlying DUETO
in in it is a second		Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TARMINAL DISEASE CONDITION GIVEN IN PART 10 19. WAS AUTOPSY
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endi endi		206 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
d b	0	
Andread Havi	\sim	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. City of town)
The The 3 s		Have a 1/4 19 / 19 / 19 d work of work of the things of the bidg., etc.)
Pog		21. T'certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
O Series		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
DICA icale, ibe Ci IRECT	٠,	
AED Tiffic TO IN	-	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
Mal.		EXAMINER'S A A A A A A A A A A A A A A A A A A A
or removal		NAME (Type) 17. VV. VVARD DEPUTY MEDICAL EXAMINER D
cute forwarded O FUNERAL or removal	2	220. BUR.AL, CREMATION, 22b. DATE THEREOF 22c. SIAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (Stote)
F / (in	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
VS A15ME(5) 5M 9/55		a. a. Harkness Flow - Mutual hed, DATE JUL 18'61 willing & trans



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY b. COUNTY Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outs'de corporale limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED 1961 (Type or print) DEATH 10 AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR B. DATE OF BIRTH RACE 17. MARRIED TO NEVER MARRIED lest birthday) Months Days Hours WIDOWED DIVORCED 10e. USJAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTR State or foreign country) most of working life, even if retired) phy: 13. FATHER'S NAME Then please 9 16. SOCIAL SECURITY NO. (Yes, nd-gr unkown) ova 18. CAUSE OF DEATH [Enter only one cause per line for (e, (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if env. which {b} gove rise to immediate cause DUE TO (a), sleting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? CERTIFICATI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of 'njury in Port I or Port H of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20t. (C'ty or fown) 20c. TIME OF INJURY (County) (State) Month, Dey, Year tectory, street, office bldg., etc.) While Not While Hour a.m. el work of work to July 19 61 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from......January..., 1961 saw the deceased alive on.. 19. Q.L. and that death occurred at A.M. from the causes and on the date stated above. 22b. DATE 220. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Prince Frederick, Maryland Page C. Jett 238. BURIAL, CREMATION, 236. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) SEC'D BY REGISTRAR 258. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND USUAL RESIDENCE (Where decreesed lived, If institution Residence before admission) 1. PLACE OF DEATH a. COUNTY D. C. **b.** COUNTY CALVERT Page files, MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate I mils, write RURAL and glya pearast town) c. LENGTH OF STAY IN 1b eral director. write RURAL and give neerest town) Washington North Beach d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS 101 Boar a. IS RESIDENCE ON A FARM? 1439 Euclid St., N.W. YES NO 3. NAME OF First Midda DECEASED rie Fi FORREST ROBERT MUINIX July (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH and 2 w last birthday) Monthsi Male DIVORCED WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, Z, Days done during most of working life, even if retired) pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 臣 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no. or unkown) : (If yes give werpr dates of service) permit. certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c INTERVAL BETWEEN BLOIR transit ONSET AND DEATH Fatty infiltration of liver IMMEDIATE CAUSE (a) burial-t DUE TO Conditions, if env. which (b) gava rise lo immadiale cause DUE TO (a), sleting the underlying 92 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? Word 2 Acute alcoholism Medical should by NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief age 3 s Month, Dey, Year | 2Dd. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY (State) fectory, street, office bldg., etc.) Not While While et work at work prior forwarded to the 21 I certify that I took charge of the remains described above, held an Autopsy 🕱. Inspection Inquiry and in my opinion death resulted from. Natural causes X. Accident Su'cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward FUNERAL DI ACTUAL ASSISTANT MED CAL EXAM NER 🗍 DATE SIGNED DEPUTY MEDICAL EXAMINER R.ssell S. Fisher, M.D. **EXAMINER'S** NAME (Type) Address (Street, city, town or county) 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 225 DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g 23. FUNERAL DIRECTOR REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME Christin S. Kraud 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



28 8	# i	7753 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
should		1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decreased lived. If Institution Residence before admission) a. STATE b. COUNTY
Page 4 burial,	M)	by CITY OR TOWN If personal limits, white RURAL ond give nearest town on
rector. ss.	<u>\</u>	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e5 RESIDENT ON A FARM YES NO.
	Ì	3. NAME OF DECEASED (Type or print) (1026) (Type or print) (Type or p
o the fur-		5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 7. MARRIED TOWNS Min. 9. AGE (in years IF UNDER 14 H Months Days Hours Min.) WIDOWED DIVORCED 7. MARRIED TOWNS Min.
and 3 to e retain of 2 with		10a. USUAL OCCUPATION (Give kind of work done 186. KIND OF BUSINESS OR INDUSTRY 11. BUTTHPUCE (State and areign country) 12. CITIZEN OF WHAT COUNT during most of working life, even it retired)
1, 2, 4 may b		13. FATHER'S NAME THE SE Windle Want & D. J.
VE Page 5 Page 5 File pag	<u></u>	15. WAS DECEASED EVER'IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17/10 FORMAND Mindell Maddrey Sent My 1943 - 1944 577-01-3796 14. J. Mandell M. Bearl My
18. Gi m PM3. sermit.		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) CONSET AND DEATH NOTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
in Item ith for transit		3 2 2 2 DUE TO Canditians, if any, which) [6]
percil alang buriak		gave rise to immediate cause (a), stating the underlying cause last.
ing" in Office ed as o		BART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 76 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES IN NO.
i 'pend miner's id be us		PRIMARY Or OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of inhitury in Part 1 or Part 11 of Item 18.)
ical Exc 3 shou		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foolary) street, affice bldg., etc.) While Nat white of work of w
Med		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find to
Chie		death resulted from: Notural causes Accident [], Suicide [], Homicide [], Undetermined couse [].
to the DIREC		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
orwarded FUNERAL r removal		EXAMINER'S H. W. MARD DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER'S
forv forv TO FU		220. SURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
S. A15ME(S)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE ALLELEN FUNERAL HOME ADDRESS ADDRE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	Ιt	ems 18-21 Film 292 Mär i	LAND STATE D	EPARTMENT C	OF HEA	LTH			
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FOR STATE		7757 MEDICAL	EXAMINER'S	CERTIFICAT	E OF	DEATH		<u> </u>	45
HEALTH DEPT.		LACE OF DEATH		2. USUAL RESIDENCE	E (Where di			a before e	dm ssion)
À B		Calvert	MARYLAND	a. STATE Maryl:	and	t. COUNTY	Calver	t	
		o. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	outside corp	orate limits, write I	URAL and give	rearest tow	(n)
2 to 200		Prince Frederick		Owing	3				
S P P P P P P P P P P P P P P P P P P P		, NAME OF HOSPITAL OR INSTITUTION (If not in hospi	fal, give street eddress)	d. STREET ADDRESS					ESIDENCE A FARM?
Hela Bed f	P.	Calvert County Hospit	tal	· I					но 🗌
Shalf		NAME OF First	Middle	Last	4. DATE	Month	Day	Yes	
T. T. S.		Type or print) ISABELLA		SMITH	DEATH	our			61
d 3 to d	5.	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9	. AGE (in years ill last birthday)	Aonths Days	IF UNDER	24 HRS.
and and 2 v 2 v 2 v ours	_	emale Colored WIDOWED		eptember 25,	1924	36 yrs.			
affe 2, 2, 7, 2, 3e 5 and and 2 h	10e de	USUAL OCCUPATION (Give kind of work 10b. KIN e during most of working life, even if refired) House Wile	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign co	infry)	12. CITIZEN O	F WHAT C	OUNTRY
Page 1	J			Maryland Maryland					
24 hours PM3. F	N3.	FATHER'S NAME		Nettie					
E CO E E	<u> </u>	Phillip Harris WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 5	OCIAL SECURITY NO. 17. 1		42200	Address			
Vith for for		and the second of the second o	218-30-4178						
em with serm		18. CAUSE OF DEATH [Enter only one cause per lin		Asbury	_Smit	h, Owin	gs Md	ERVAL BET	WEEN
Part Part		PART I. DEATH WAS CAUSED BY	unshot wound	of most with	-h man	famatian	ON	SET AND	
ncil language expension and transporter and expension and	П		eft carotid						
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		gave rise to Immediate cause	014	A C ACC			- -		
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pen semi	z	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE	CONDITION GIVE	1 IN PART 1(a) 1		
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Short Short is a leaf	ä	PRIMARY Of CONTRIBUTING Bystan	der at alter	cation durin	ng Whi	ch gun w	as fire	d	
writing Chief Chief age 3	MEDICAL		UURY OCCURRED 200. PLA	CE OF INJURY (Home, farm ory, street, office bldg., stc.	20f. (Cir.	or town)	(County)	-	(Slate)
29 C D L	MED	6:30 p.m. 7/16/61 19 work	- 1401 44 11114	Hilltop	Owi	ngs	Calvert		Md.
Cotto Drice		21. I certify that I took charge of the rema	ins described above, he	ld an Autopsy 🔀.	Inspection	Inquiry	, and	in my o	pinion
展生の計画		death resulted from. Natural causes	Accident . Suice	de . Homicide	X. Un	determined mai	nner 🔲		
the certification of the certi		1 1 1 2	0. 1	CHIEF MEDICAL E	XAMINER []			
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execute of the first of the fir		EXAMINER'S Doton M. Diogiso Mt.	M D	MODDERE	SECONDARY.	X	7	/17/6	1
DEVUTY BY Season of the standard of the standa	55	EXAMINER'S Peter W. Rieckert BURIAL CREMATION, 22b. DATE THEREOF	2 Plaide	Address (Street, o		county)	or compley)	(Stei	(a)
lease show	224	REMOVAL (Specify)						Md	-1
6 4 4 b g	23	FUNERAL DIRECTOR	St.Edmonds	3 24a, REC		nderland			
VS. ATSME _ &	1	A. Date.	~ ~~	eclevilly DATE JU			Im S. Kra		
5M 9/60		tinking E. Dewe	WINCE THE	CLEOKIM DATE JU	he he i				



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director filed wit 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Calvert MARYLAND Maryland Calvert b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) D Barston Prince Frederick d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION by Calvert County Hospital NAME OF First Middle 4. DATE Lost Month DECEASED OF Stafford July (Type or print) Charles DEATH IF JNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years ð lost birthdoy) Months White WIDOWED IX DIVORCED [Male 100 USUAL OCCUPATION (Give kind of work done 196 KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) during most of working life, even # retired) Maryland ann puo 2 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ottending physician please remave corbinal please remave corbinal please remave corbinal please remaining the province of the province of the please remaining the please remaini Benjamin Stafford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO þ Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CATION PANT ILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m 21 I certify that (1) (this haspitat) attended the deceased from and that death accurred a M, from the causes and an the date stated above saw the deceased alive an Should be detact 22o. SIGNATUR ATTENDING MED DIRECTOR M D PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) BRREGAL FUNERAL DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BLR AL CREMATION. 23Ь. 23d LOCATION (City, town 24 FUNERAL DIRECTOR'S STONAT 256 REGISTRAR'S SIGNATURE 250 RECED BY Culling & Haus

e. IS RESIDENCE ON A FARM?

Day

Days

U.S.A.

(County)

YES NO IX

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO I

that (I) (we) last

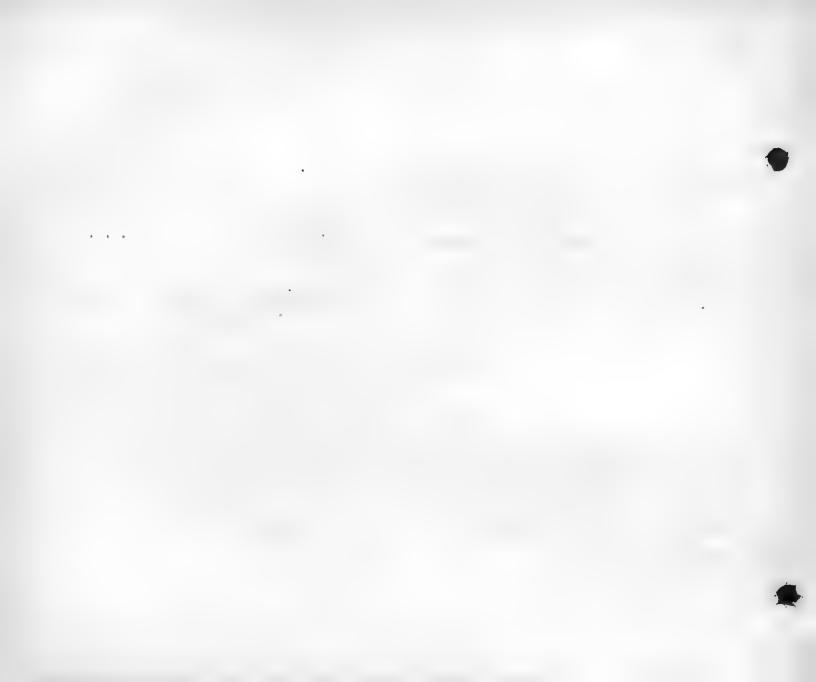
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22b. DATE SIGNED

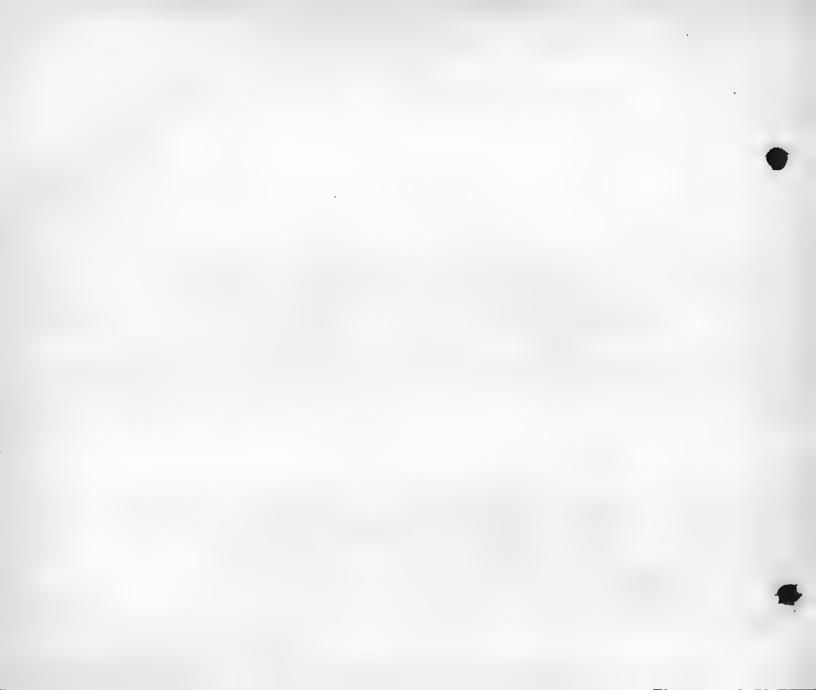
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12, CIFIZEN OF WHAT COUNTRY?

VR A15 (4) 15M 9/59



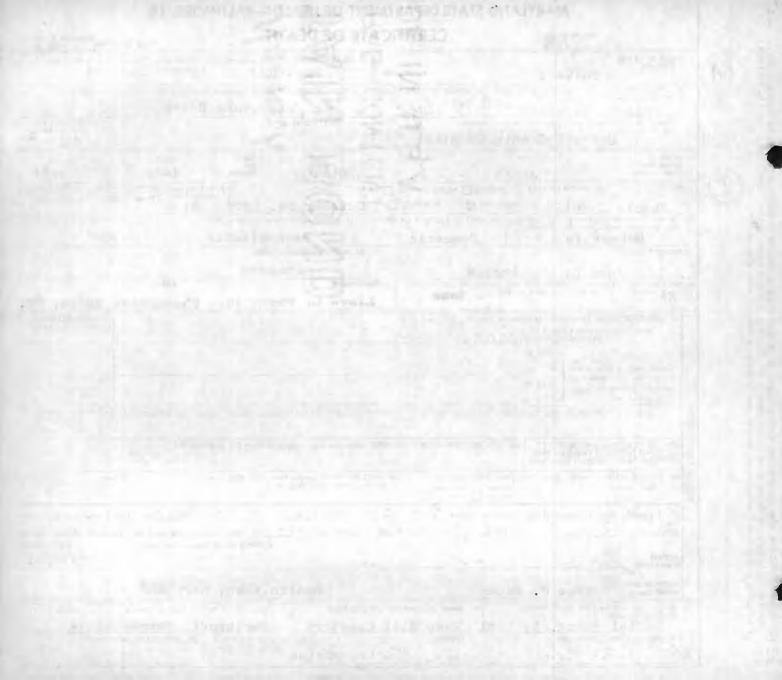
1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	PRE, 18
3.45		7758 CERTIFICATE OF DEATH	Reg. Dist. No. 07747
Poge Adirector	1	1 PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE THEORY deceased lived I	If institution, Residence before admission)
deoth.		b. CITY OR TOWN IT outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OF TOWN IT outside corporate limits RURAL and give pearest lown?	write RURAL and give nearest town)
s offer 2 should	-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION J. J	e. IS RESIDENCE ON A FARM? YES NO X
24 havr	1	3 NAME OF DECEASED (Type or print) A DATE OF DECEASED (Type or print) A DATE OF DECEASED (Type or print)	Month & Day Year /
within stely fill Pages	<u> </u>	S SEX 14 COLOR OF PACE 17, MADDIED TO MEDIES MADDIED TO 8 PRATE OF BIRTH 9 AGE 1	(In years IF UNDER 1 YEAR IF UNDER 24 KRS. Months Days Hours Min
comple papers,	100	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP ACE (\$101e or foreign country)	12 CITIZEN OF WHAT COUNTRY?
on and car corbon pap after death	13.	13 FATTER'S NAME 14. MOTHER'S NAME	rells
ng physici		15. WAS DECEASED EVER IN U. S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, no. or unknown) (If yes, no. or unknown)	Address Beal Mrs
eoth c ending lease ithin 7	=	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTERVAL BETWEEN
the d he attr hen p		PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	
es that ed by II mit. T any ev		Conditions, if only, which) the	
requires ian. sn signed nsit perm ond in a		gove rise to immediate cotse (a), stating the under-	
physicio os been ial-trons aval, or	CATION	Z AND II OTUES SIGNIBLICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT SELECT TO THE TERMINAL DISEASE CONDITIONS	TION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
AN: The ending ficate he fire buri	CERTIFICATIO	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Port I or Port II of ited (IF EITHER, NOTIFY MEDICAL EXAMINER)	m IB.)
HYSICI I or ath its certification, use as motion,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of work of work of work.	(County) (State)
JING Phospita After the ed for ial, cre		21. I certify that/1 attended the deceased from // 196/, to // 10,	19,that I last saw the deceased
YTEN y the TOR: detoch to bur		ADORESS (Street, city	auses and an the date stated abave.
OR Juned b		SIGNATURE M.D. Ward M.D. Curright	my /17/01
R AL I show jistrar		PHYSICIAN'S H. W. M. A. R. D.	
O HOSEVA may be O FUNER page 3 sh the registr	6	220 BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 224 LOCATION (CI) REMOVAL (Specify) 7/8/16/16/16/16/16/16/16/16/16/16/16/16/16/	ly, town, or county) (Slote)
VS A1S (4) 15M 9/5S	23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS + Rainer 240. REC'D BY REGISTRAR 2 Nalley's Fineral Home md. Date JUL 10'61	246. REGISTRAR'S SIGNATURE
15M 9/55		Inc.	arthur & Kranie



1 3	×	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4	T's	7757 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
se exp outd.be notion,	-	Reg. Dist. No. [] / / / / / /
sho crer	(M)	1. PLACE OF DEATH a. COUNTY MARYLAND
Ssary, 1 Page 4 burial,		by CITY OR TOWN (If outside corporate timits, write BURAL and give necrest fown)
r. Po		Trince tredad Akon Mirry
ris ned rector. es. prior to	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
ony dela vne r your	, 1	3. NAME OF DECRASED (Type or prish Kerall Vinne Zhouston Death July 1 1961
for y	1	5. SEX 1 6. COLOR OR MACE 17. MARRIED NEVER MARRIED 18. DATE OF BIRTH 4 9. AGE (In your STUNDER LYEAR IF UNDER 24 HRS.
the the life		WIDOWED DIVORCED DIVORCED DIVORCED Min.
ded and ded		1002 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Opring most of working life, even if retired)
2, or be		13. FATHER'S NAME / 14. MOTHER'S MANDEN, NAME /
1		
4 ho		Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
in 24 re Po Pog File p		(Yes, no, or unknown) (If yes, give wer or dates of service) Yes WW11 516-20-5928 Mrs. John P. O'Shea, 1653 N. Meade Chicago
d with 8. Gi PM3. mit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), (b) and (c), (c), and (c), (d), and (d), (e), and (e), (e), (e), and (e), (e), (e), and (e), (e), (e), (e), (e), (e), (e), (e),
		PART I. DEATH WAS CAUSED BY, UMMEDIATE CAUSE (0) Let ou loft cause Mickey
	1	850 V DUE TO C.
in the with	*	Canditions, if any, which (b) Altry
hould be executed in the calong with fa		gave rise to immediate cause (a), stating the underlying DUETO
12		cause last. (c)
ntificate sl nding" in r's Office used as a	n18 ⁶	PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY Or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enternative of Injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH.
pendiner's		200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter notive of injury in Port 1 or Port 1 of item 18.)
	r le	PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH.
04 2 55	* 5.4	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 200 PLACE OF INJURY (Home, form, /20f. (Giry an-Lawn) While Not while at work at work at work at work at work at work at work.
AMINE ing the Medical Poge 3		Heur and The While Not while of work of Denne Carte T. White K. (4)
Kang Fing Med Pog		21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, inquiry, and find that
wri wri hief OR:		death resulted fram: Natural causes . Accident Suicide . Hamicide . Undetermined cause .
MEDICAL EX.		ACTUAL ACTUAL CHIEF MEDICAL SYMMETER DE DATE SIGNED
Triffo		SIGNATURE M.D. CHIEF MEDICAL EXAMINER
A Bed	emovaj ,	EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 7 2 5
cute forwor	_	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
5 2 5	ō	REMOVAL (Specify) Transit- Burial 7/10/61 Acradia Cemetery Chicago, Illinois
VS. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE Inc. 8434 Georgia Avenue
5M 9755		Mushifund H. Willy Stive Spiriting, Hary and DAYE



deoth. 24



MINER'S CERTIFICATE OF DEATH 4 should be Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY G. STATE b. COUNTY MARYLAND BACITY OR TOWN III outside comments White, write fural & LENGTH OF STAY IN 16 c. CITY OF TOWN (If Straide corporate limits, write RURAL and give nearest town) d. STREET ADDRESS hat in hospital, give street address? IS RESIDENCE ON A FARM? YES NO NO NAME OF Middle 4. DATE Month Year (Type or print) DEATH 5. SEX* 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 1 8. PARE OF BIRTH 1895 2. AGE fin years IF UNDER TYPAR IF UNDER 24 HRS Months Days Hours Min. WIDOWED | DIVORCED T 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY during most of working like even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 - PERCEMAN 18. CAUSE OF DEATH [Enter only one cause per/lige for (a), (b) and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse los PARTIE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I and art II of item) PRIMARY OF CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) Not while at work at work 21. I certify that I tack charge of the remains described above, held an Autapsy Inspection Inquiry , and find that RECTOR: Natural causes Suicide | Accident . Hamicide Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 SIGNATURE O FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) H.W.WARD DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 20/61 Rock Creek Cemetery Washington D ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. ATSMEIST 8434 Georgia Avenue Inc. DATE JUL 1 9 '61 Chilling S. Throng Silver Spring Maryland SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

